



STATE OF NEBRASKA – Department of Health and Human Services
Regulation and Licensure – Credentialing Division
P.O. Box 94986, Lincoln, NE 68509-4986

Fees:
1-10 beds \$800
11-20 beds \$950
21-50 beds \$1,025
51 or more \$1,050
Make fee payable to HHS R&L

Check one:

- ☐ Initial License
☐ Change of Location
☐ Change of Ownership

ASSISTED-LIVING FACILITY LICENSURE APPLICATION

IDENTIFYING INFORMATION

1. NAME OF FACILITY: _____
ADDRESS: _____
(Street Address, City, Zip)
2. TELEPHONE NUMBER: _____ FAX: _____
(Area Code) (Area Code)
3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY: _____
(If Not Individual)
4. ADMINISTRATOR: _____
5. PREFERRED MAILING ADDRESS FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT: _____
6. NUMBER OF BEDS TO BE LICENSED: _____
7. PLANNED OCCUPANCY DATE: _____
8. SPECIFY SPECIAL POPULATIONS: (Please Check if Applicable)
- ☐ Special Care Unit for Alzheimer's Dementia _____ Number of Beds
☐ Other-please specify _____ Number of Beds
9. ACCREDITATION: (Check if applicable) Yes ☐ No ☐
Name of Accreditation Organization: _____

OWNERSHIP INFORMATION

10. OWNERSHIP OF FACILITY: _____
(Legal Name of Individual or Business Organization)
ADDRESS: _____
(Street Address, City, Zip)
11. MAILING ADDRESS OF OWNERSHIP: _____
(If Different Than Above)
12. BUSINESS ORGANIZATION: (Check one)
- ☐ Sole Proprietorship
☐ Partnership
☐ Limited Partnership
☐ Corporation
☐ Limited Liability Company
☐ Governmental (Check one) ☐ State ☐ District ☐ County ☐ City or Municipal
☐ Other (Please Specify) _____
- (check one)
☐ Profit ☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health & Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application and on the attached documents are true and correct and I/we hereby apply for a license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

AUTHORIZED REPRESENTATIVE – TYPE OR PRINT

SIGNATURE

DATE

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SIGNATURE

DATE